MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018727

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3		/		/			53							
4		/		/			54							
5		4		/			55							
6		/		/			56							
7		0		/			57							
8		0		/			58							
9		0		/			59							
10		0		/			60							
11		0		/			61							
12		0		/			62							
13	/		/				63							
14		0				0	64							
15		0		/			65							
16		0		/			66							
17		0		/			67							
18		0		/			68							
19		0		/			69							
20	/		/				70							
21							71							
22							72							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		3				TOTAL IND.							
TOTAL DEP.	20		17				TOTAL DEP.							
TOTAL CLAIMS	23		20				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)